

## **MID-SIZED MODEL: Baseline Measures**<sup>\*</sup>

1. **Are you currently a smoker** (check one)?  
\_\_\_ Yes, I currently smoke (GO TO Q2)  
\_\_\_ No, I quit within the last 6 months (GO TO Q4)  
(Scoring - ACTION STAGE)  
\_\_\_ No, I quit more than 6 months ago (GO TO Q4)  
(Scoring - MAINTENANCE STAGE)  
\_\_\_ No, I have never smoked (GO TO next question after Smoking Questions)  
(Scoring - NONSMOKER)
2. (FOR SMOKERS ONLY)  
**In the last year, how many times have you quit smoking for at least 24 hours?**  
\_\_\_ TIMES
3. (FOR SMOKERS ONLY)  
**Are you seriously thinking of quitting smoking** (check one)?  
\_\_\_ Yes, within the next 30 days  
(Scoring - refer to previous question. PREPARATION STAGE if at least one 24-hour quit attempt in past year. If no quit attempt, then CONTEMPLATION STAGE)  
\_\_\_ Yes, within the next 6 months (Scoring - CONTEMPLATION STAGE)  
\_\_\_ No, not thinking of quitting (Scoring - PRECONTEMPLATION STAGE)
4. **During a typical 7 day period, how many cigarettes did you smoke per day?**  
\_\_\_ Cigarettes per day
5. **Have you smoked 100 cigarettes in your entire life?**  
\_\_\_ Yes \_\_\_ No (IF "NO" GO TO next question after smoking questions)
6. **If you have quit smoking, when did you stop smoking?**  
\_\_\_ / \_\_\_ / \_\_\_\_\_ (FILL IN DATE)
7. **In your life, how many years have you smoked altogether?**  
\_\_\_\_\_ YEARS
8. **Do you currently...**

smoke a pipe?	___ Yes	___ No
smoke cigars?	___ Yes	___ No
use snuff?	___ Yes	___ No
use chewing tobacco?	___ Yes	___ No
9. **How much do you want to quit smoking?** (Circle a number from 1 to 10 below)

1	2	3	4	5	6	7	8	9	10
Don't				Somewhat				Very much	
want to quit				want to quit				want to quit	
10. **As of now, how confident are you that you can quit smoking?**  
(circle a number from 1 to 10 below)

1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat				Very	
confident				confident				confident	

<sup>\*</sup> NOTE: Remove scoring remarks before use with participants.

## **MID-SIZED MODEL: Follow-up (Outcome) Measures**\*

1. **Are you currently a smoker** (check one)?  
\_\_\_\_ Yes, I currently smoke (GO TO Q2)  
\_\_\_\_ No, I quit within the last 6 months (GO TO Q4)  
(Scoring - ACTION STAGE)  
\_\_\_\_ No, I quit more than 6 months ago (GO TO Q4)  
(Scoring - MAINTENANCE STAGE)  
\_\_\_\_ No, I have never smoked (GO TO **next question after Smoking Questions**)  
(Scoring - NONSMOKER)
2. (FOR SMOKERS ONLY)  
**In the last year, how many times have you quit smoking for at least 24 hours?**  
\_\_\_\_\_ TIMES
3. (FOR SMOKERS ONLY)  
**Are you seriously thinking of quitting smoking** (check one)?  
\_\_\_\_ Yes, within the next 30 days  
(Scoring - refer to previous question - PREPARATION STAGE if they have one 24-hour quit attempt in the past year. If no, quit attempt then CONTEMPLATION STAGE)  
\_\_\_\_ Yes, within the next 6 months (Scoring - CONTEMPLATION STAGE)  
\_\_\_\_ No, not thinking of quitting (Scoring - PRECONTEMPLATION STAGE)
4. **During a typical 7 day period, how many cigarettes did you smoke per day?**  
\_\_\_\_ cigarettes per day
5. **Have you smoked a cigarette, even a puff, in the past seven days?**  
\_\_\_\_ Yes      \_\_\_\_ No
6. **Have you smoked 100 cigarettes in your entire life?**  
\_\_\_\_ Yes      \_\_\_\_ No      (IF "NO" GO TO next question after smoking questions)
7. **Do you currently...**

smoke a pipe?	____ Yes	____ No
smoke cigars?	____ Yes	____ No
use snuff?	____ Yes	____ No
use chewing tobacco?	____ Yes	____ No
8. **How much do you want to quit smoking?** (Circle a number from 1 to 10 below)

1	2	3	4	5	6	7	8	9	10
Don't				Somewhat				Very much	
want to quit				want to quit				want to quit	
9. **As of now, how confident are you that you can quit smoking?**  
(circle a number from 1 to 10 below)

1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat				Very	
confident				confident				confident	

---

\* NOTE: Remove scoring remarks before use with participants.

**CONSIDER ADDING THE FOLLOWING ITEMS...**

10. **If you have quit smoking, when did you stop smoking (even a puff)?**  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (FILL IN DATE)
11. **Have you smoked even a puff since:**  
**[DATE OF THE END OF THE GRACE PERIOD]?**  
\_\_\_\_ Yes      \_\_\_\_ No (End of Smoking Section)  
**If YES, when did that first occur?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (FILL IN DATE)
12. **Have you smoked for 7 consecutive days or one day in 2 consecutive weeks since your quite date?**  
\_\_\_\_ Yes      \_\_\_\_ No  
**If YES, when did that first occur?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (FILL IN DATE)